PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

624065

| | | CLAIMS AS | Golumn | | (Column 2) | | | SMALL ENTITY TYPE | | OTHER THAN OR SMALL ENTITY | | | | | | | |
|--|--|---|-----------------|-------------------------------|---|------------------|-----|---------------------|------------------------|----------------------------|---------------------|------------------------|--|--|--|--|--|
| TOTAL CLAIMS | | | 20 | | | | | RATE | FEE | | RATE | FEE | | | | | |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | | BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 | | | | | |
| TOTAL CHARGEABLE CLAIMS | | | minus 20= | | • / | | | X\$ 9= | | OR | X\$18= | | | | | | |
| INDEPENDENT CLAIMS | | | 2 minus 3 = | | | | | X40= | | OR | X80= | | | | | | |
| MU | LTIPLE DEPEN | DENT CLAIM P | RESENT | | | | | +135= | | OR | +270= | | | | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | olumn 2 | ľ | TOTAL | | OR | TOTAL | V | | | | | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | SMALL E | ENTITY | OR | OTHER SMALL | | | | | | |
| | , | CLAIMS | 1 | HIGH | | (Ocidinii o) | i (| | | 1 | | | | | | | |
| AMENDMENT A | | REMAINING AFTER AMENDMENT | | NUM PREVIO PAID | BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | | | | | |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | | | | | | |
| | Independent | * | Minus | *** | T OL AINA | = | | X40= | 4 | OR | X80= | | | | | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | +135= | | OR | +270= | | | | | | |
| Best Available Copy | | | | | | | | TOTAL ADDIT. FEE | | OB | TOTAL ADDIT. FEE | | | | | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | ٥ | HIGH NUM PREVIO PAID | IBER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | | | | | |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | | | | | | |
| | Independent | * | Minus | *** | F OL AIRA | = | | X40= | | OR | X80= | | | | | | |
| <u>L</u> | THIST PHESE | NTATION OF MU | JETIPLE DEP | ENDEN | CLAIM | | | +135= | | OR | +270= | | | | | | |
| | | | | | | | Į. | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | | | | | | |
| | | | ADDIT. PEEU | | , | ADDII. FEE | | | | | | | | | | | |
| AMENDMENTC | | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVI | mn 2) IEST IBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | | | | | |
| | Total | * | Minus | ** | | = | | X\$ 9≈ | | OR | X\$18= | | | | | | |
| | Independent | | Minus | *** | - 01 | = | | X40= | | OR | X80= | | | | | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +135= | | | +270= | | | | | | |
| | | mn 1 is less than th | | | | | _ | TOTAL (| | OR | TOTAL | | | | | | |
| *** | If the "Highest Nu | mber Previously Pa | aid For" IN THI | S SPACE | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |